



Corrective Action # _____

OFFICIAL NOTICE OF CORRECTIVE ACTION REQUIRED

Owner/Person in Charge: _____ Phone Number: _____

Facility Name: _____

Address: _____
(Street) (City) (Zip)

PURSUANT TO THE WASHINGTON CLEAN INDOOR AIR ACT, RCW § 70.160 *et seq.*, YOU ARE
HEREBY NOTIFIED THAT THE FOLLOWING CORRECTIVE ACTION(S) MUST BE TAKEN:

CORRECTIVE ACTION NEEDED:	DATE TO BE COMPLETED BY	COMPLETED DATE
_____ Prohibit smoking in a public place or place of employment	_____	_____
_____ Post signs prohibiting smoking	_____	_____
a) At each building entrance	_____	_____
b) Prominent locations within the building (retail only)	_____	_____
_____ Prohibit smoking within the presumptively reasonable minimum distance outside the facility	_____	_____
_____ Pay a civil fine of \$ _____ (not to exceed \$100.00 per day of violation)	Upon receipt of invoice	_____
a) Days of violation _____		
b) Daily assessed penalty _____		

☐ Due to the above noted violations, you will be reinspected at a fee of \$225. You will receive an invoice for all fees and fines. The purpose of this second reinspection is to ensure that the corrective action(s) have been taken.

Signature of Owner/Person in Charge_____
Signature of Health Authority_____
Print Name_____
Print Name Division

Date/Time: _____

FAILURE TO COMPLY WITH THIS CORRECTIVE ACTION NOTICE MAY LEAD TO
COMMENCEMENT OF LEGAL ACTION AGAINST YOU FOR AN INJUNCTION TO ENFORCE
THE WASHINGTON CLEAN INDOOR AIR ACT, TO CORRECT A VIOLATION AND/OR FOR
ASSESSMENT AND RECOVERY OF THE CIVIL FINE.